

Council Name: \_\_\_\_\_

District #: \_\_\_\_\_

**2009–2010 PTA Reflections Program STUDENT ENTRY FORM**

Theme: "Beauty is . . ."

Directions: Please type or print clearly in black or blue ink (do not use pencil). Completely fill out the form down to and including the required signatures. Leave the boxed area for local PTA information blank. If you need more space, use the back of this form or an extra sheet of paper. Be sure to write your full name on any additional pages.

**Grade Division** (check one)

Grade \_\_\_\_\_  Primary: preschool–grade 2

Age \_\_\_\_\_  Intermediate: grades 3–5

Middle/Junior: grades 6–8

Gender  M  F  Senior: grades 9–12

**Arts Area** (check one)

Dance Choreography

Film Production

Literature

Musical Composition

Photography

Visual Arts

**Title of Work**

**Required Artist Statement**

Explain how your work relates to the theme. \_\_\_\_\_

See attached (Please print your name on any attached sheets.)

**REQUIRED INFORMATION**

**Photography and Visual Arts:** Give the dimensions of the work in inches, including mat. L \_\_\_\_\_ W \_\_\_\_\_

**Photography:** Location/date of shot: \_\_\_\_\_

Describe the type of camera and process used in preparing the piece. \_\_\_\_\_

**Visual Arts:** Describe the medium (crayons, oil on canvas, etc.). \_\_\_\_\_

**Dance Choreography:** Name(s) of performer(s): \_\_\_\_\_

**Film Production:** Name(s) of person(s) appearing in your film: \_\_\_\_\_

Was a computer used? If so, name the software and hardware. \_\_\_\_\_

**Dance Choreography and Film Production:** Credit the background music below (title, composer, and performer). \_\_\_\_\_

**Musical Composition:** Check one:  Traditional Instrumentation  Synthesizer

Name(s) of person(s) who performed your composition: \_\_\_\_\_

Was a computer used? If so, name the software and hardware. \_\_\_\_\_

Are lyrics included? If so, how do your lyrics complement your composition? \_\_\_\_\_

----- F o l d   h e r e -----

Student's first name \_\_\_\_\_ Middle intl. \_\_\_\_\_ Last name \_\_\_\_\_

Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ☎ (     ) \_\_\_\_\_ E-mail ✉ \_\_\_\_\_

PTA includes the national, state, district/region, council, and local PTA/PTSA organization or unit. I grant PTA permission to use my works for commercial or noncommercial use, including but not limited to public presentation of the work and reproduction of the work in print, electronic, and multimedia formats to promote the Reflections Program. PTA may continue to use my work as long as it has access to a copy or to a slide. PTA is not responsible for lost or damaged works. Entries may not be returned. I understand that I must participate in the Reflections Program through a PTA/PTSA in good standing. I affirm that this is my own original work. As parent of the student, I grant PTA permission to use and publish my child's name and school. **I understand that the submission of my entry into the Reflections Program constitutes acceptance of the above conditions.**

Signature of student \_\_\_\_\_ Signature of parent/legal guardian (necessary if child is under 18 years) \_\_\_\_\_

**TO BE COMPLETED BY LOCAL PTA** Check one:  PTA  PTSA **Local eight-digit PTA ID:** \_\_\_\_\_

Local chair name \_\_\_\_\_ Official PTA/PTSA name \_\_\_\_\_

PTA address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (     ) \_\_\_\_\_

**Local PTA good standing status:**  Membership dues paid date \_\_\_/\_\_\_/\_\_\_  Insurance paid date \_\_\_/\_\_\_/\_\_\_  Bylaws approval date \_\_\_/\_\_\_/\_\_\_